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PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032

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oursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **TRANSMITTAL** For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

Complete if Known							
Application Number	10/619,888						
Filing Date	July 15, 2003						
First Named Inventor	Paul J. Thompson						
Examiner Name	Paul B. Prebilic						
Art Unit	3738						
Attorney Docket No.	23.369-153						

TOTAL AMOUNT OF PAYI	MENT (\$)	1,810.00		Attorney Docke	No. 23,3	369-153		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 12-0449 Deposit Account Number: 12-0449 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION							•	
BASIC FILING, SEAR Application Type	FILING FI	EES nall Entity	SEARC	H FEES Small Entity		TION FEES	Fees Paid (\$)	
Utility	300	Fee (\$) 150	Fee (\$) 500	Fee (\$)	Fee (\$) 200	Fee (\$)	1 000 1 414 (4)	
,				250		100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80	· 	
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims						Fee (\$) 50 200 360	Small Entity Fee (\$) 25 100 180	
<u>Total Claims</u> - 20 or HP =	Extra Claims	<u>Fee (\$)</u> x	<u> </u>	Paid (\$)		Fee (\$)	ependent Claims Fee Paid (\$)	
HP = highest number of total Indep. Claims - 3 or HP =	claims paid for, Extra Claims	if greater than 20. Fee (\$) X	_=	aid (\$)				
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Filing Fee (RCE) (\$790.00) and Extension Fee (\$1,020.00)						Fees Paid (\$) 		

SUBMITTED BY					
Signature	Tuend W/	M	Registration No. (Attorney/Agent) 27,717	Telephone 952-896-1574	-
Name (Print/Type)	Frederick W. Niebuhr			Date October 19, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR. 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Patent Application

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

THOMPSON, Paul J.

Art Group: 3738

Serial No.:

10/619,888

Examiner: Paul B. Prebilic

Filed:

July 15, 2003

Atty. Docket: 23,369-153

For:

Three-Dimensional Braided Covered Stent

TRANSMITTAL

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Enclosed for filing are the following items:

- Request for Continued Examination (RCE) under 37 C.F.R. 1.114; 1.
- Amendment Accompanying Request for Continued Examination (12 pages), 2. consisting of cover page (1 page), listing of the claims (9 pages) and remarks (2 pages);
 - 3. Request for Extension of Time (2 pages);
 - Fee Transmittal FY2005; 4.
 - Check in the amount of \$790.00 in payment of the filing fee; 5.
 - 6. Check in the amount of \$1,020.00 in payment of the time extension fee; and
 - 7. Return receipt postcard.

The Commissioner is authorized to charge any further fees necessitated by this correspondence, or credit any overpayment, to Deposit Account No. 12-0449.

Prosecution in this application is closed, the previous (April 19, 2005) action being a final action.

Please direct any questions regarding this correspondence to the undersigned at the address and telephone number indicated below.

Respectfully submitted,

Boston Scientific Scimed, Inc.

Date: October 19, 2005

Frederick W. Niebuhr

Registration No. 27,717

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CERTIFICATE OF EXPRESS MAILING

Pursuant to 37 CFR 1.10, I hereby certify that this Transmittal and accompanying papers in U.S. Application Serial No. 10/619,888 and accompanying papers are being deposited with the U.S. Postal Service by Express Mail, Post Office to Addressee service, addressed to: Mail Stop RCE, Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450, on the date of deposit and under the mailing label number indicated below.

Date of Deposit: October 19, 2005

Geralyn M. Vita

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